

SPECIAL NEEDS

us too gymnastics, inc.
For Kids who need a little extra help

The City of Lake Forest in conjunction with Us Too Gymnastics is excited to be able to offer recreation programs for children with special needs.

Us Too Gymnastics for Kids with Special Needs

Our Gymnastics class is specifically designed for children and teens with special needs (Autism, Down Syndrome, etc.) your child will learn basic gymnastics, while working on social behaviors and taking turns, but most of all they will have fun. The ratio for our class is 3-5 students to 2 instructors. Call to set up a free trial and get your child signed up. Make sure to mention the city to get our special price for Lake Forest residents. This class also includes free open play for anyone signed up in our gymnastics program. Open play is every Thursday from 1-2 pm. Enrollment allows for four 45-minute classes. Please call to set up individual dates and times.

Instructors: Us Too Center Staff

Fee: \$75 per month – Resident

\$80 per month – Non-Resident

Location: Us Too Gymnastics (25 Spectrum Pointe Dr #405)

To Register: Mail In, Walk-In. On-line registration is not available for this program.

For more info call: The City of Lake Forest at 461-3450

Act#: 4639 3-19 yrs On-going Mon-Sat varies

New!

Autumn Leaves Are Falling! Adult Special Needs Dance

Come and celebrate everything you love about fall – leaves changing color, the arrival of cooler weather, and planning for Thanksgiving with family and friends! You will enjoy dancing as our DJ spins some fun tunes! Make new friends while sipping on some apple cider! Additional refreshments will be served. We may even play a game or two!

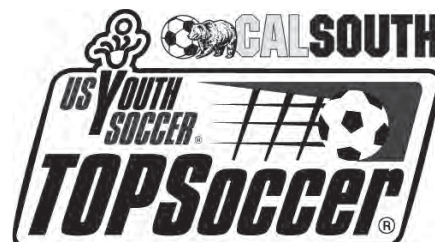
Register at the door

Location: Lake Forest Community Center
(25550 Commercentre Dr)

For more info call: The City of Lake Forest at 461-3450 or email mnorment@lakeforestca.gov

Adults 18+ Nov 7 Fri 7:00-9:00 pm

What Is "TOPSoccer"?



TOPSoccer, The Outreach Program for Soccer, is a community-based soccer program for young athletes with physical and mental disabilities.

- ⚽ TOPSoccer provides a safe and fun environment for athletes with special needs to participate in organized sports.
- ⚽ Athletes between ages 4 and 30 compete in the program, which emphasizes development, training, and meaningful participation rather than competition. It's ALL about FUN!
- ⚽ Thousands of young athletes with disabilities become valued and successful members of Cal South.
- ⚽ TOPSoccer is currently being offered by Laguna Niguel Youth Soccer Association.

For more info, please contact:

Rick Trevers: Laguna Niguel Youth Soccer Association
Rick.Trevers@LNYSO.org

Sandy Castillo: scastillo@calsouth.com or visit calsouth.com/topsoccer





City of Lake Forest • Community Services Division

Program Registration Form

If you need more than one registration form, please photocopy.

PRIMARY CONTACT (responsible adult for registering persons into courses)

Last Name _____ First Name _____ ☐ Male ☐ Female
 Birthday _____ (mm/dd/yy) Email _____
 Street Address _____ City, State, Zip _____
 Preferred Contact Phone Number () _____
 Emergency Contact _____ Emergency Phone () _____

OTHER FAMILY MEMBERS living with primary contact (spouse, children, etc.)

Children's birthdates must be filled out completely in order to process registrations.

Last Name	First Name	Birthday	Sex
		(mm/dd/yy)	<input type="checkbox"/> M <input type="checkbox"/> F
		(mm/dd/yy)	<input type="checkbox"/> M <input type="checkbox"/> F
		(mm/dd/yy)	<input type="checkbox"/> M <input type="checkbox"/> F

Please make sure registrant meets the minimum or maximum age requirements for class enrollment prior to submitting Program Registration Form.

Activity #	Participant Name	Birthday	Sex	Activity Name	Fees
		(mm/dd/yy)	<input type="checkbox"/> M <input type="checkbox"/> F		
Please send a separate check for each activity					Total Activity Fees



If you need special assistance for this program, please contact the Recreation Division ASAP at 461-3450.

REFUND POLICY In the case of a City excursion, if a refund is requested and the City is able to fill the spot, a full refund minus the \$10 administrative fee will be given to the participant. In the case that the City is not able to fill the spot, no refund will be given. Refunds may take 30 days from date of cancellation to process. Refunds will be not be given for any portion of recreation classes after the second meeting of the class. In the case refunds are requested prior to the second class meeting, a full refund minus the \$10 administrative fee will be given. Refunds are not given for any program that may be cancelled with a fee of \$10 or less per participant (per receipted transaction).

PARTICIPANT AND/OR PARENT RELEASE FORM

I hereby consent to treatment and all medical care deemed necessary as a result of accident or injury.

☐ Yes ☐ No

I further agree to pay any and all costs incurred as a result of said treatment.

☐ Yes ☐ No

I permit the use of activity/event photography and/or video of my child or myself for media promotion.

☐ Yes ☐ No

Please contact me via email regarding upcoming city events and news at: _____

I agree to waive and release the City of Lake Forest (City), its officers, agents, employees and volunteers, from and against any claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising out of my participating in the City's Programs or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the City from and against any and all claims, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of City or its employees.

I HAVE READ AND UNDERSTAND THIS RELEASE FORM LIABILITY.

Date _____

(Signature) Parent or Guardian must sign for those under 18 years of age

Mail this form with your payment to: **City of Lake Forest**
ATTN: Program Registration
25550 Commercentre Drive, Suite 100
Lake Forest, CA 92630

Questions on
Registration?
Call 461-3450



Receipt of this signed form and your payment confirms your registration based upon availability until the activity is full.

Office Use Only Receipt# _____ Paid by Check# _____ Paid by Cash Amount _____ Initial/ Date _____ Conf _____

Credit Card Payments are not accepted at City Hall